

Political Organization Notice of Section 527 Status

OMB No. 1545-1693

Part I General Information

1 Name of organization Friends of Jeff Gonnason

~~Employer identification number~~

~~None~~

2 Mailing address (P.O. Box or number, street, and room or suite number) 3211 E- Northern Lights #202

92-0172843

City or town, state, and ZIP code
Anchorage AK 99508

3 E-mail address of organization drieff@alaska.net

4a Name of custodian of records
Jeffrey A. Connason

4b Custodian's address *Same*

5a Name of contact person
Jeffrey A. Gonhason

5b Contact person's address
same

6 Business address of organization (if different from mailing address shown above). Number, street, and room or suite number

City or town, state, and ZIP code

Part II	Purpose
---------	---------

7 Describe the purpose of the organization

Jeff Gonsason is a candidate for the State House of Representatives in Alaska. Campaign contributions & expenditures are received and paid as reported to the Alaska Public Officers Commission. I am unsure

Part III **List of All Related Entities (see instructions)**

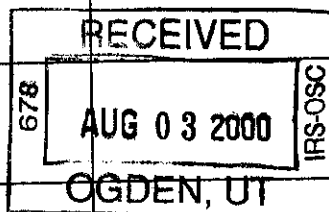
8a Name of related entity

8b Relationship

Bc Address

None

as to whether I
am required to file
this registration form,
but am doing so by
the deadline so as
to not be involved
in a ~~bureaucratic~~
nightmare. JMA



[illegible]

**Sign
Here**

Signature of authorized official

Date